Waukesha County Dept. of Parks & Land Use Land Resources Division

1320 Pewaukee Road, Room 260 Waukesha, WI 53188-3868 Phone: 262-896-8300

FAX: 262-896-8298

Application Form

Small Site / Utility Installation Erosion Control Permit (<1 Acre)

| Project Name | : | Project Type: |
|--------------------|---|--|
| Project Locati | | |
| - y | (1/4 Section, Section, Surve | ev Town Name) |
| Project Addre | | · |
| - 1 0j - 1 - 1 - 1 | (11 mp p ================================ | |
| | | |
| The following | contacts are required at th | he time of application: |
| | n may serve as more than one con | |
| | | on the permit. If not the property owner, must represent the |
| | | back page and sign. Will receive copies of all |
| | nications relating to the plan rev | |
| | | reparation of erosion control plans. All plan review |
| | nts will be addressed to this con | · · · · · · · · · · · · · · · · · · · |
| | | |
| | | or implementing and maintaining all erosion control |
| measure | is during the construction phase | e and responsible for final site stabilization. |
| | | |
| Applicant, Pla | inner and Grader/Landsca | nper Contacts Required to Process All Applications |
| | | |
| Check all | | |
| that apply: | | |
| | | |
| | Contact Name: | |
| | Mailing address: | FAX: |
| | Daytime phone #: | FAX: |
| | E-mail address: | |
| | | |
| | Contact Name: | |
| | Mailing address: | |
| | Daytime phone #: | FAX: |
| | E-mail address: | |
| | | |
| | Contact Name: | |
| | Mailing address: | |
| | Daytime phone #: | FAX: |

Small site / utility installation erosion control plan checklist on back of page.

E-mail address:

| All Sn | nall | Site / Utility Installation Erosion Control Plans shall contain the following: | | | | |
|----------|------------|---|---|--|--|--|
| | 1. | A survey map or site sketch of sufficient clarity and detail to show proposed activity and erosion control provisions. | | | | |
| | 2. | Locations of existing and proposed dwellings and other structures with respect to property lines and the limits of land disturbance activities. | | | | |
| | 3. | . Direction of slope before and after land disturbance, and the size of the upslope drainage area. | | | | |
| | 4. site | Locations of all temporary best management practices to control erosion from the | | | | |
| | 5. | Indicate existing ground cover on site (i.e. grass, trees, exposed soil, etc.). | | | | |
| | 6. | 6. Construction timeline (provide estimated dates). | | | | |
| | | Excavation start date | | | | |
| | | Date of Final Grading/Seeding | | | | |
| | 7. | Provide narrative of revegetation plan, (i.e. seeding mixture, sod, use of erosion matting, timeline for completion, etc.). | | | | |
| | 8. | For underground utility placement, indicate length of project in feet | | | | |
| Note: | Add | tional erosion control measures shall be implemented during construction as necessary. | | | | |
| I certif | | A permit issued under this application will be in my name and that I am representing ownership of the property; All contacts listed on this form are subject to ordinance enforcement; County staff are authorized to enter upon the subject site to obtain information needed to administer the ordinance; The County must respond to all permit applications within 10 working days of submittal of a completed application and all required fees and support documents as required by Chapter 11, Waukesha County Code. Erosion and sediment control measures shall be installed prior to any land disturbing activities; Erosion and sediment control practices are to be inspected at least once a week and after each rain of ½ inches or more and needed repairs made. | | | | |
| Signatu | re of | Applicant (Owner or Owner Representative) Date | | | | |
| Peri | mit F | e: Recorded by: Staff Initials Date Stamp Here | _ | | | |